



**Wisconsin Department of Agriculture,
Trade and Consumer Protection**
Division of Animal Health
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OFFICE USE ONLY		
Signature of approval by Designated Tuberculosis Epidemiologist		

Date Received	Amount Received	Check Number

QUALIFIED AND ACCREDITED TUBERCULOSIS-FREE HERD STATUS APPLICATION FOR FARM-RAISED DEER

Issued under the provisions of section ATCP 10.49, Wis. Admin. Code and the Tuberculosis Uniform Methods and Rules.

This application is used to apply for Qualified and Accredited Tuberculosis-Free herd status for farm-raised deer. For **Qualified Tuberculosis-free herd** status, all captive cervids in the herd, 12 months of age or older, and any animals under 12 months of age that are not natural additions, must be administered one official test for tuberculosis within a seven month period with results indicating no evidence of bovine tuberculosis. The qualified herd status remains in effect for 12 months following the qualifying test. For **Accredited Tuberculosis-free herd** status, all captive cervids in the herd, 12 months of age or older, and any animals under 12 months of age that are not natural additions, must pass two official tests for tuberculosis conducted at a 9 to 15 month interval with no evidence of bovine tuberculosis. To maintain status as an accredited herd, the herd must test negative to an official tuberculosis test within 33 to 39 months from the anniversary date of the second consecutive test with no evidence of tuberculosis disclosed (that is, the test on which the herd was recognized as accredited or the accrediting test). For herds applying for certified status **based on the purchase of farm-raised deer** from a certified herd, applicants must apply for status not later than 90 days after the applicant first acquires the farm-raised deer from the prior certified herd. The anniversary date of the purchased herd will be the same as the seller's.

Every application for tuberculosis herd status shall include a nonrefundable fee of \$50 for qualified status or \$150 for three year accredited status. The "state office" copy of the whole herd Tuberculosis test results (VS form 6-22 green sheet) must accompany this application.

Owner Information				
Name of Legal Entity or Person that owns herd			Business Name (if different)	
First Name of Contact Person		Last Name of Contact Person		Phone number () -
Mailing Address		City	State	Zip Code
Herd Information				
Address (if different than above)		City	State	Zip Code
County		Livestock Premises Code	Farm Raised Deer Registration Number	
Qualifying Method				
Initial Whole Herd test for Qualified Status <input type="checkbox"/>	2 nd Whole Herd test for 1 st Accredited Status <input type="checkbox"/>	Whole Herd Retest for Accredited Status <input type="checkbox"/> Current Accred. TB-Free Herd # _____		Purchased animals from an Accredited Tuberculosis-Free herd <input type="checkbox"/>
If herd is a purchased herd, provide seller's name and address:				
Veterinary Information				
Herd Veterinarian's Name		Herd Veterinary Clinic's Name		
Address of Veterinary Clinic		City	State	Zip Code
Veterinarian Phone Number () -		Veterinary Clinic Phone Number (if different) () -		
Fee				
Qualified Status <input type="checkbox"/> \$50.00 Fee		Accredited Status <input type="checkbox"/> \$150 Fee for three year certification		
Please include with your application a check for applicable fee payable to: WDATCP – Division of Animal Health and mail to PO Box 8911, Madison, WI 53708-8911.				
Applicant Certification and Signature				
I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Tuberculosis Uniform Methods and Rules.				
Signature of Applicant			Date of Application	

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.

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